

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Steven Benito Russo (Bar # 104858) FAIR POLITICAL PRACTICES COMMISSION 428 J Street, Suite 620 Sacramento, California 95814 ATTORNEY FOR (Name): FAIR POLITICAL PRACTICES COMMISSION, Plaintiff	TELEPHONE NO.: (916) 322-5660 FAX NO.: (916) 322-1932	FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">ENDORSED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">03 JAN -8 AM 9:21</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">LEGAL PROCESS #8</div>
Insert name of court and name of judicial district and branch court, if any: Sacramento County Superior Court		CASE NUMBER: <div style="text-align: right; font-weight: bold;">03AS00065</div>
PLAINTIFF/PETITIONER: FAIR POLITICAL PRACTICES COMMISSION, a state agency DEFENDANT/RESPONDENT: MORONGO BAND OF MISSION INDIANS		
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Political Reform Act Enforcement Action		

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —


1. TO THE CLERK: Please dismiss this action as follows:

- a. (1) ☒ With prejudice (2) ☐ Without prejudice
- b. (1) ☒ Complaint (2) ☐ Petition
 (3) ☐ Cross-complaint filed by (name):
 (4) ☐ Cross-complaint filed by (name):
 (5) ☐ Entire action of all parties and all causes of action
 (6) ☐ Other (specify):*

on (date):
on (date):

Date: January 8, 2003

.....
STEVEN BENITO RUSSO
 (TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)
 * If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

▶ 
 (SIGNATURE)
 Attorney or party without attorney for:
☒ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-complainant

2. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

.....
 (TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)
 ** If a cross-complaint—or Response (Family Law) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j)

▶ _____
 (SIGNATURE)
 Attorney or party without attorney for:
☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-complainant

(To be completed by clerk)

3. ☒ Dismissal entered as requested on (date): **JAN - 8 2003**
 4. ☐ Dismissal entered on (date): as to only (name):
 5. ☐ Dismissal not entered as requested for the following reasons (specify):

6. ☐ a. Attorney or party without attorney notified on (date):
 b. Attorney or party without attorney not notified. Filing party failed to provide
 ☐ a copy to conform ☐ means to return conformed copy

JAN - 8 2003

J. CARBONI

Date:

Clerk, by _____, Deputy